

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09938265</b>	FILING DATE
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	4	↓		↓		↓	
TOTAL DEP.	3	↓		↓		↓	
TOTAL CLAIMS	7						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS